

No. 2
-5-43
5-17-39
I X36671

State File No.

FILED APR 13 1944
Registration District No. 137

Primary Registration District No. 5069

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar (Rural) Lamar Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 years (Specify whether
In this community 57 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar
(If outside city or town limits, write "RURAL")

(d) Street No. RFD #3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA EUNICE BROWN

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1944 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec. 20
19 43 to Mich 5 19 44

that I last saw her alive on Feb 24 19 44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Z. T. Brown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 12 1866
(Month) (Day) (Year)

Immediate cause of death Bronchitis pneumonia

8. AGE: Years Months Days If less than one day

78 1 23 hr. min.

Due to Cerebral hemorrhage and myocarditis

Due to

9. Birthplace Cassville, Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 9321

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

Of autopsy

Underline the cause to which death should be charged statistically.

12. Name Lynch Brooks

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bous

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Brown

(b) Address Lamar, Missouri RFD#3

17. (a) Burial (b) Date thereof March 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 3-7-44 (b) Martha Rive
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature B. E. Duesell (M. D. or other) MD

Address Lamar Mo Date signed 3-7-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6000

1179

RECEIVED

District Health Officer No. 6

District File Number 444-434

Date Filed APR 11 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.